

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000264874 3)))



H140002648743ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
14 NOV 13 AM 10:00
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (850) 656-7956
Fax Number : (850) 656-7953

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

**LLC REGISTERED AGENT RESIGNATION :
UNIQUE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

R/A RES

NOV 14 2014

R. WHITE

RECEIVED
14 NOV 13 AM 10:33
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIQUE, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L11000102987

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edie Whitebread

Name of Person

Incorporating Services, Ltd.

Name of Firm/Company

3500 South Dupont Highway

Address

Dover, DE 19901

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edie Whitebread

Name of Person

at

302

Area Code

531-0855

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NH817 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Incorporating Services, Ltd.

, hereby resigns as

Name of Registered Agent

Registered Agent for UNIQUE, LLC

Name of Limited Liability Company

L11000102987

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Eddie Whitebread

Typed or Printed Name

Assistant Secretary

Capacity

FILED
NOV 13 AM 10:33
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INH917 (2/14)